

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P94000054178

1. Entity Name  
UBALDINI ENTERPRISES, INC.



Principal Place of Business

35095 US HWY 19 N  
SUITE 203  
PALM HARBOR, FL 34684 US

Mailing Address

35095 US HWY 19 N  
SUITE 203  
PALM HARBOR, FL 34684 US



02082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3272375

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

UBALDINI, GARY  
35095 US HWY 19 N  
SUITE 203  
PALM HARBOR, FL 34684

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME UBALDINI, GARY  
STREET ADDRESS 866 POINT SEASIDE DR  
CITY-ST-ZIP CRYSTAL BEACH, FL 34681

TITLE SD  
NAME UBALDINI, NICOLA  
STREET ADDRESS 866 POINT SEASIDE DR  
CITY-ST-ZIP CRYSTAL BEACH, FL 34681

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000826346  
02/21/08-80046-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, who all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #